

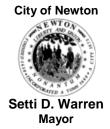
## HEALTH AND HUMAN SERVICES DEPARTMENT Deborah C. Youngblood, PhD, Commissioner 1000 Commonwealth Avenue Newton, MA 02459-1544 Telephone 617.796.1420 Fax 617.552.7063

TDD/TTY 617.796.1089



# REQUEST FOR VARIANCE TO USE ACIDIFICATION AS A METHOD OF FOOD PRESERVATION PLEASE PRINT LEGIBLY

Date:		
Establishment Name:		
Establishment Address:		Newton, MA Zip: 024
Phone Number:		
Company and Person who wrote the HACC	CP (Hazard Analysis Critic	cal Control Point) Plan:
Company Phone Number (who wrote the H		
Food Product to be Acidified: Sushi Rice $\Box$	Other (Specify)	□:
Acidification as a means of food preservation for St 201.14 (Contents of a HACCP Plan) and the valida information provided and affirm to comply with the c specified under § 8-402.11 and to the records as specified under § 8-402.11 and the records as s	ushi Rice. Included is the requited pH laboratory test results for the results for the results are results for the results for	E ALL REQUIRED INFORMATION AND A FEE
CASH AND CRED	IT CARDS ARE NOT AC	CEPTED AT THIS TIME.
Spec	ial Process Fee Revie	ew: \$ 50.00
Signature:		<u> </u>
Print:		Title:
	Official Use Only	
Fee Received: \$ Check	k Number:	



#### HEALTH AND HUMAN SERVICES DEPARTMENT

Deborah C. Youngblood, PhD, Commissioner 1000 Commonwealth Avenue Newton, MA 02459-1544 Telephone 617.796.1420 Fax 617.552.7063 TDD/TTY 617.796.1089

## GRANTED VARIANCE TO USE ACIDIFICATION AS A METHOD OF FOOD PRESERVATION PLEASE PRINT LEGIBLY

The Newton Health and Human Services Department GRANTS a VARIANCE to use Acidification as a method of food preservation to render a food as non-TCS (Time / Temperature Control for Safety Food) as required by 105 CMR 590.000 and FDA Food Code 2013 § 3-502.11, § 8-103.10, § 8-201.13, and § 8-201.14

Establishment Name:			
Address:		Newton, MA Zip: 024	
Establishment Phone Number:			
The above establishment is permitted to use acidification as a method of food preservation rather than as a method of flavor enhancement for:			
Sushi Rice $\square$	Other (Specify): $\Box$		

### This Variance is Granted under the following conditions:

- 1. The establishment will strictly adhere to all procedures as set forth in the HACCP Plan and maintain all necessary records.
- 2. The monitoring records must be reviewed and signed at least once per day by the person in charge (PIC) of the establishment and maintain on site for at least 30 days. The records shall be available for the Health and Human Services Department's Environmental Health Specialists.
- 3. The HACCP Plan must be reviewed and signed by an individual who is HACCP trained, at least once annually and maintained on site at all times.
- 4. The pH of the product shall be validated (tested) at a laboratory at least once every twelve (12) months. The test results must be forwarded to the Newton Health and Human Services Department. This variance is effective only after the initial test results have been received by the Newton Health and Human Services Department.
- 5. This variance shall be specific to the location and process as set forth in your application and is **NOT TRANSFERABLE**.
- 6. The PIC must demonstrate that the employee (s) performing pH measurement has been adequately trained to use the pH meter / pH test papers and measurement of the pH of the product.
- 7. Any changes to the process (change in the recipe) or HACCP Plan as submitted will render this variance null and void. This includes changes in the raw material such as rice vinegar concentration or other acidifier. (The brand may change but not the concentration).

requirements	s, all provisions of 105 CMR 590.000 and FDA nt assume any and all liability for any injury re	Food Code 2013. The legal owners of this said sulting from the use of acidification as a method
Print:	Legal Owner / Agent	Date:
Signature:		
	For Official Use	Only
Granted By: _	Deborah C. Youngblood, PhD Health and Human Services Commissioner	Date:

I have read and understand the requirements of this Granted Variance. I agree to comply with these